

Please type a plus sign (+) inside this box [+]

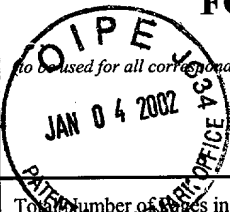
PTO/SB/21 (12-97)

Approved for use through 10/31/02. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

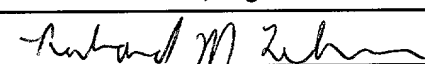
SECTOR
#3

TRANSMITTAL FORM  <small>to be used for all correspondence after initial filing</small>	Application Number	09,863,794
	Filing Date	May 23, 2000
	First Named Inventor	Kenneth A. Krupa
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned
Total number of pages in this Submission []	Attorney Docket Number	KRU-3.2.001/3430

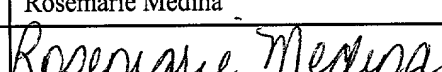
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s) Executed	<input type="checkbox"/> Petition To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1) Month	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (Please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	•Check in the amount of \$120.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	•Acknowledgment Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
[REMARKS]		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	COBRIN & GITTES Richard M. Lehrer, Reg. No. 38,536
Signature	
Date	October 22, 2001

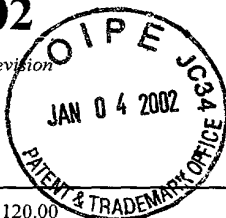
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box _____, Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: [October 22, 2001]		
Typed or printed name	Rosemarie Medina	
Signature		[Date]: October 22, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision



Complete if Known

Application Number 09/863,794
Filing Date May 23, 2000
First Named Inventor Kenneth Krupa
Examiner Name Not Yet Assigned
Group/Art Unit Not Yet Assigned
Attorney Docket No. KRU-3.2.001/3430

TOTAL AMOUNT OF PAYMENT (\$120.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to
Deposit Account Number [03-2317]
Deposit Account Name: [COBRIN & GITTES]
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
105	130	205	65	Surcharge - Late filing fee or oath	65 00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	Request for Reexamination	
112	920*	112	920*	Req. publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension within first month	55 00
116	400	216	200	Extension within second month	
117	920	217	460	Extension within third month	
118	1,440	218	720	Extension within fourth month	
128	1,960	228	980	Extension within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	241	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submit Info Disclosure Stmt	
581	40	581	40	Patent Assignment per property	\$
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design appln	

SUBTOTAL (2) \$ 0

2. EXTRA CLAIM FEES

	Extra Claim	Fee below	Fee Paid
Total Claims	-20 =	x	\$
Indep. Claims	-3 =	x	\$
Multiple Dependent			

** or number previously paid, if greater; for reissues, see below

Large Entity		Small Entity		Fee Description
Code	(\$)	Code	(\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
194	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic filing fee Paid

SUBTOTAL (3)

120 00

SUBMITTED BY

Name (Print Type) Richard M. Lehrer Registration Number 38,536 Telephone (212) 486-4000
Signature *Richard M. Lehrer* Date October 22, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents.



#3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kenneth Krupa

Examiner: Not Yet Assigned

Serial No.: 09/863,794

Art Unit: Not Yet Assigned

Filing Date: May 23, 2000

Atty Docket No.: KRU-3.2.001/3430

For: SYSTEM AND METHOD FOR CONVERTING AN XML DATA STRUCTURE INTO
A RELATIONAL DATABASE

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

SUBMISSION OF MISSING PARTS


Sir:

In response to the Notice to File Missing Parts dated July 20, 2001, Applicant submits herewith an executed Declaration and drawing sheets. A check for the surcharge fee of \$65.00 is enclosed herewith.

Applicants respectfully submit that the application is complete, i.e., there are no missing parts.

Respectfully submitted,

Date: October 22, 2001


Richard M. Lehrer
Reg. No. 38,536
COBRIN & GITTES
750 Lexington Avenue
New York, New York 10022
(212) 486-4000



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/863,794	05/23/2001	Kenneth A. Krupa	KRU-3 2 001/3430

CONFIRMATION NO. 9780

FORMALITIES LETTER



OC000000006325945

COBRIN & GITTES
750 Lexington Avenue, 21 Floor
New York, NY 10022

Date Mailed: 07/20/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

01/14/2002 TV0111 00000007 032317 09863794

FILED UNDER 37 CFR 1.53(b)

01 FC:201 370.00 CH

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 355 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 420.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

01/08/2002 BSAYAS11 00000007 09863794

01 FC:205 65.00 OP

A copy of this notice MUST be returned with the reply.

PART 2 - COPY TO BE RETURNED WITH RESPONSE

Table 1. *Continued*

Variable	Mean	SD	Minimum	Maximum
Age	34.2	10.1	18	65
Gender				
Male	58.5	49.1	0	100
Female	41.5	49.1	0	100
Marital status				
Married	65.2	48.3	0	100
Single	34.8	48.3	0	100
Education				
High school or less	25.1	43.2	0	100
Some college	32.4	46.8	0	100
Bachelor's degree	42.5	49.7	0	100
Master's degree	19.9	40.1	0	100
PhD	10.1	30.2	0	100
Income				
Less than \$10,000	15.3	35.4	0	100
\$10,000-\$19,999	22.1	41.2	0	100
\$20,000-\$29,999	28.7	45.1	0	100
\$30,000-\$39,999	35.2	48.9	0	100
\$40,000-\$49,999	41.8	51.3	0	100
\$50,000-\$59,999	48.5	54.2	0	100
\$60,000-\$69,999	55.1	57.1	0	100
\$70,000-\$79,999	61.7	60.0	0	100
\$80,000-\$89,999	68.3	62.9	0	100
\$90,000-\$99,999	74.9	65.8	0	100
\$100,000 or more	81.5	68.7	0	100